

S2 Table: List of the CDC4G clusters, number of births, methods for screening and diagnosing GDM [1]

Cluster	Number of births/year ^a	Indication for diagnostic 75 g OGTT									Diagnostic criteria prior to switch (mmol/L)	Overt diabetes ^c (mmol/L)	Method for glucose analysis	Additive in blood collection tubes
		History			Clinical indication									
		GDM	Macro-somia ^b	LGA ^c	IUFD	BMI	FH ^d	Polyhydramnios	Accel growth	RBG				
Gotland ^h	538	24-28	24-28	-	-	≥35	24-28	Yes	Yes	RPG ^e ≥9.0 mmol/L at enrollment week 25, 29, 32/33, 37/38.	FPG <7.0 and 2-h PG 8.9–11.0	FPG ≥7.0 and/or 2-h PG ≥11.1	HemoCue AB HemoCue 201 RT (glucose dehydrogenase) No external control	EDTA ^g
Västerås ⁱ	3 120	24-28	24-28	24-28	-	≥35	-	Yes	Yes	RPG ^e ≥9.0 mmol/L at booking week 25, 30, 35.	FPG <7.0 and 2-h PG 8.9–11.0	FPG ≥7.0 and/or 2-h PG ≥11.1	Beckman Coulter Au (hexokinase) Accredited method	NaF, Citrate buffer, EDTA (VACUETTE® FC Mix Tube)
Stockholm ^j	28 602	T1& 24-28	24-28	24-28	-	≥35	-	Yes	Yes	RPG ^e ≥9.0 mmol/L at booking week 25, 29, 32/33, 37/38.	FPG <7.0 and 2-h PG 8.9–11.1	FPG ≥7.0 and/or 2-h PG ≥11.2	Roche Cobas Beckman Coulter Au Siemens Advia (hexokinase) Accredited methods	NaF, Citrate buffer, EDTA (VACUETTE® FC Mix Tube)
Halland ^k	4 446	12/ 24- 28	-	24-28	24-28	≥30	24-28	Yes	Yes	RPG ^e ≥8.0 mmol/L at enrollment, week 12, 28/29, 32, 37	FPG <7.0 and 2-h PG 9.0–11.1	FPG ≥7.0 and/or 2-h PG ≥11.2	HemoCue AB HemoCue 201 RT (glucose dehydrogenase) External control (lab)	EDTA ^g
Gothenburg ^l	9 550	25-29	25-29	25-29	-	≥35	25-29	Yes	(Yes)	Within one week if RPG ^e 8.0–12.1 mmol/L at first antenatal care visit, week 25, 28–29, 35–36.	FPG ≥7.0 and/or 2-h PG ≥10.0 RPG ^e ≥12.2	Not defined	Nova biomedical StatStrip TM Multi-Well™ (glucose oxidase) External control (lab)	Li-heparin without gel ^g
Örebro ^m	3 565	T1 & 24-28	24-28	24-28	-	≥35	24- 28/40	Yes	Yes- within 3 days	RPG ^e ≥9.0 mmol/L at booking, week 24, 28/29, 33, 37.	FPG <7.0 and 2-h PG 8.9–11.0	FPG ≥7.0 and/or 2-h PG ≥11.1	Siemens Advia (hexokinase) Accredited method	NaF, Citrate buffer, EDTA (VACUETTE® FC Mix Tube)
Uppsala ⁿ	4 200	12- 14/24- 28	24-28/40	24- 28/40	-	≥30	24-28	Yes	Yes	RPG ^e ≥8.8 mmol/L at booking week 25, 28/29, 33, 37	FPG ≥7.0 and/or 2-h PG ≥10.0	Not defined	Abbott Architect (hexokinase) Accredited method	NaF, Citrate buffer, EDTA (VACUETTE® FC Mix Tube)
Dalarna ^o	3 232	12- 14/24- 28	24-28/40	24- 28/40	-	>35	24- 28/40	Yes	Yes	RPG ^e ≥9.0 mmol/L at booking week 24, 28/29, 33, 37.	FPG <7.0 and/or 2-h PG ≥8.9	FPG ≥7.0 and/or 2-h PG ≥11.1	Siemens Advia (hexokinase) Accredited method	NaF, Citrate buffer, EDTA (VACUETTE® FC Mix Tube)
Malmö ^p	4 944	10-12	10-12	-	-	≥35	10-12	Yes	No	Capillary 75g OGTT week 28 in all women.	FPG ≥7.0 and/or 2-h PG ≥9.0	Not defined	Roche Cobas (hexokinase) Accredited method	NaF, Citrate buffer, EDTA (VACUETTE® FC Mix Tube)
Lund ^q	3 703	10-12	10-12	-	-	≥35	10-12	Yes	No	FBG ^e ≥7 mmol/L and/or 2-h PG ^e ≥10.0				
Kristianstad ^r	2 085	10-12	10-12	-	-	≥35	10-12	Yes	No	mmol/L indication for a diagnostic OGTT				

When not otherwise stated, glucose measurement is based on venous plasma.

BMI=body mass index. FH=family history. FPG=fasting plasma glucose. IUFD=intrauterine fetal death. LGA=large for gestational age. OGTT=oral glucose tolerance test. PG=plasma glucose. RPG=random plasma glucose. SPR=Swedish Pregnancy Register. T1=trimester 1.

^aNumber of births per year based on data from the SPR 2017.

^bDefined as birthweight ≥4 500g.

^cDefined as birth weight $\geq +2$ standard deviations above the Swedish reference curve [2].

^dIn Dalarna, Malmö, Lund, Kristianstad, Uppsala, Gotland, Halland defined as first degree relative with type 1 or type 2 diabetes, otherwise first degree relative with type 2 diabetes.

^eDiagnosed and treated as GDM but with rapid management by specialist care unit in contrast to usual maternal healthcare.

^fBased on capillary samples.

^gPatient-near analysis.

^hGotland (Visby Hospital).

ⁱVästerås (Västerås Central Hospital).

^jStockholm (Stockholm South General Hospital, Danderyds Hospital, Karolinska University Hospital, Huddinge BB Stockholm, Karolinska University Hospital, Solna, Södertälje Hospital.)

^kHalland (Varberg Hospital) .

^lGothenburg (Gothenburg Sahlgrenska University Hospital).

^mÖrebro (Örebro University hospital, Karlskoga Hospital).

ⁿUppsala (Uppsala University Hospital)

^oDalarna (Falun Hospital).

^pMalmö (Skåne University Hospital, Malmö).

^qLund (Skåne University Hospital, Lund).

^rKristianstad (Kristianstad Central Hospital)

1. Fadl H. Impact on pregnancy outcomes when changing diagnostic criteria for gestational diabetes in Sweden [Internet]. ISRCTN 2017 [updated 2022 Dec 19; cited 2023 Dec 19]. Available from: <https://doi.org/10.1186/ISRCTN41918550>.
2. Maršál K, Persson PH, Larsen T, Lilja H, Selbing A, Sultan B. Intrauterine growth curves based on ultrasonically estimated foetal weights. *Acta Paediatr.* 1996;85(7):843-8.